

Town of Prescott Valley

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Utility Billing Bank Draft Authorization Form

Please note that automatic bank drafting may take up to one billing cycle to become activated.

Cancellations or changes to your bank draft information must be received 30 (thirty) days in advance of the cancellation date. Any billings that have been processed prior to the Town of Prescott Valley receiving this cancellation notice will still be withdrawn from your bank.

Utility Account Number				
Please print all names on b	ank account:			
(Last)	(First)	(M.	I)	
(Last)	(First)	(M.	I)	
Service Address:				
Mailing Address:				
Phone # Home: ()		Cell: ()		
Email		_		
Checking Accou	nt IDED CHECK)		vings Account	IT SLIP)
Name of Bank:		Bank Phone:		
Bank Address:		City:	State:	Zip:
Bank Account Number:				
Routing Number:				
I authorize and request the institution above. I acknow the event the financial instito discontinue or change the Accounts Division, 7501 E	wledge that this debit authoritution does not make payn its request must be submitt	orization does not reli nent on my behalf for ed in writing to the T	eve me of responsi any reason. I und	ibility for payment in lerstand that requests
Signature:			Date:	